



State of South Carolina Office of the Governor

NIKKI R. HALEY
GOVERNOR

OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

Dear Parent/Legal Guardian:

The mission of the Continuum of Care (COC) is to ensure continuing development and delivery of appropriate services to those children with the most severe and complex emotional or behavioral health challenges whose needs are not being adequately met by existing services and programs. COC ensures the special needs of our families are met by augmenting existing resources to create a full service array that ensures our youth have access to services and supports needed in order to be served in the least restrictive, most appropriate setting.

We believe it is important to define Continuum's approach to care coordination and providing services. Our basic philosophy is that children are more successful when served in their families' homes and in their community. If therapeutic admissions are necessary, we strive for solid discharge planning that is short term and ensures return home. We provide care coordination by developing a Team to work with you and your providers as partners in managing your child's care.

The Continuum provides intensive Wraparound care coordination for your child and your family. Wraparound is a team based approach involving youth, families, natural supports, and professional service providers, called the Child & Family Team. Through monthly meetings, your Child & Family Team will develop a community-based plan of care that is the best strategy for accomplishing your family's vision and goals. Wraparound is an effective, evidence based process of care coordination and planning that builds on the collective action of this team to assure that youth and families can experience success in their communities, homes, and schools.

The following information is needed:

- ☐ The Application;
- ☐ If your child is Medicaid eligible, then a copy of the Medicaid card will be requested at initial meeting;
- ☐ Documentation of a child's diagnosis is also needed and would be helpful if submitted at the time of completing the referral. Documentation can be in the form of a physician's statement, copy of a previous evaluation signed by a licensed clinician, Department of Mental Health Physician's Note; copy of a psychological evaluation by a licensed psychologist or Department of Juvenile Justice evaluation.

After the application information is received by the Regional Office, a Continuum of Care Wraparound Facilitator will contact you to schedule a face to face visit. At this initial contact, a thorough discussion is needed to determine reason for referral, develop a safety plan and complete a history of behavioral concerns. Within 30 days of securing all supporting documentation, the Continuum of Care will help you assemble your Child & Family Team to begin developing a Plan of Care. Your Child & Family Team will meet monthly for care coordination in order to support successful outcomes.

Through intensive Wraparound services, our objective is to confirm your family's strengths as a foundation for achieving your goals and build a meaningful partnership to work toward your family vision. Wraparound has been shown to help avoid out of home placements, improve school attendance and performance, decrease interactions with the legal system, and enhance the overall quality of life for your family.

It is the intention of the Continuum to assist you throughout the application process. Questions regarding the application should be directed to the regional office serving your county of residence or to the Continuum of Care's State Office in Columbia at 803.734.4500. Please see the attached list of offices.

Sincerely,

Trina Cornelison, LPC
Executive Director
Continuum of Care

Attachments



**1205 Pendleton Street-Room 372
Columbia, South Carolina 29201
Office: (803)734-4500 Fax: (803)734-4538
Executive Director: Trina Cornelison, LPC
Client Services Director: Bena Peek**

REGIONAL OFFICES AND COUNTIES SERVED

Region A: Midlands Office

1205 Pendleton Street, Suite 341 C
Columbia, SC 29201
Office: (803) 737-1601 / Fax: (803) 737-1610
COUNTIES SERVED: Aiken, Barnwell, Chester, Fairfield, Lancaster, Lexington,
Richland, and York

Region B: Upstate Office

Piedmont Center, East Building
37 Villa Road, Suite 300
Greenville, South Carolina 29615
Office: (864) 271-4321 / Fax: (864) 271-4473
COUNTIES SERVED: Abbeville, Anderson, Cherokee, Edgefield, Greenville,
Greenwood, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, and Union

Region C: Pee Dee Office

2120 Jody Road, Suite E
Florence, South Carolina 29501
Office: (843) 317-4021 / Fax: (843) 317-4018
COUNTIES SERVED: Chesterfield, Clarendon, Darlington, Dillon, Florence,
Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, and Williamsburg

Region D: Low Country Office

7410 Northside Drive, Suite 201
North Charleston, South Carolina 29420
Office: (843) 569-3079 / Fax: (843) 569-2403
COUNTIES SERVED: Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston,
Colleton, Dorchester, Hampton, Jasper, and Orangeburg



ELIGIBILITY CRITERIA FOR CLIENTS

A child must meet the following initial screening criteria:

- ☐ be a legal resident of South Carolina; parent or guardian must remain a resident of South Carolina for the child to continue to be eligible for Continuum services;
- ☐ have not yet reached his/her eighteenth (18) birthday or, if 18 or older, be actively attending school or enrolled in a vocational program;
- ☐ confirmation of a severe emotional or behavioral health diagnosis documented by a Physician, Licensed Clinical Psychologist, Counseling Psychologist, Licensed Master Social Worker, Licensed Independent Social Worker-Clinical Practice, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Developmental Pediatrician, or Department of Mental Health Licensed Physician;
- ☐ have treatment needs which are not being met by the existing service delivery systems and which require a comprehensive and organized system of care which can be met by programs designed to accept and serve children with emotional and behavioral health concerns;
- ☐ be in the custody of his or her parents or other legal custodian/guardian;
- ☐ an application must be submitted with a signed consent of the parent or guardian; if (18) years or older and competent to do so, the consent must be signed by the applicant.



Application Part I

(Please complete all sections)

Section I: Background

A. Child's Name: _____
(Last) (First) (Middle) (Suffix)

Date of Birth: _____ Age: _____

Medicaid? ☐ Yes ☐ No Medicaid #: _____

B. Father's Name: _____
(Last) (First) (Middle)

Email: _____

Father's Address: _____

Father's Phone: _____
(Home) (Work) (Cell)

C. Mother's Name: _____
(Last) (First) (Middle)

Email: _____

Mother's Address: _____

Mother's Phone: _____
(Home) (Work) (Cell)

D. Primary Guardian's Name: _____
(Last) (First) (Middle)

Email: _____

Relationship Primary Guardian (Circle one): Biological Adoptive Step Other Family Emancipated Other

Address and County of Parent/Guardian: _____

Guardian's Phone: _____
(Home) (Work) (Cell)

If child is not living with parent/guardian, give location name and address: _____

Since: _____

(Please provide a copy of the court order if the child is in the custody of someone other than the biological/adoptive parent.)

Section II: Referral Source

Referral Date: _____ Agency: _____ Contact Person: _____

Relationship: _____ Phone: _____ Email: _____

Address _____ Fax: _____

Section III: Educational Information

Currently enrolled in school? Yes/No Grade: ____ School/District : _____

Name: _____

Special Education? Yes/No Classification: (circle one) ED / LD / OHI / Other _____

Parent/Guardian Signature and Date: _____